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Ethical Dilemmas *in* Foetal Cardiology

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Acknowledgement

- *Dr P C Chow, HK Children's Hospital*
- *ChatGPT 3.5 (accessed 28/2/2023)*

Please develop bullet point on Ethical Dilemmas in Fetal cardiology 10:06 ✓✓

Result:
Rather general

Please develop bullet point on Ethical Dilemmas in Fetal cardiology focus on fetal-maternal conflict 10:07 ✓✓

Result:
Quite attractive



The attractive bullet points (1-3 out of 6)

1. Fetal cardiology can present ethical dilemmas due to the potential conflict between the interests of the fetus and those of the mother.
2. Decisions about fetal interventions may be difficult for parents, as they must weigh the risks and benefits to both mother and fetus.
3. The mother may be asked to undergo invasive procedures or take medications that could potentially harm her health in order to benefit the fetus.

The attractive bullet points (4-6 out of 6)

4. There is also a risk that interventions may not be successful, leading to further distress for both mother and fetus.
5. In some cases, it may be necessary to terminate a pregnancy in order to protect the health of the mother, which can create an ethical dilemma for parents.
6. In addition, there is a potential conflict between medical professionals who are focused on saving the life of a fetus and those who are focused on protecting the rights of a pregnant woman.

Maternal-foetal conflict vs. maternal-foetal dyad

- Advances in medical technology have increased the physician's ability to direct medical procedures towards the fetus. Previously, physicians conceptualized **the maternal-fetal dyad** as one complex patient. Viewed as an organic whole, the combined maternal and fetal benefits of a proposed therapy could be weighed against the combined burdens. Distribution of benefits and burdens between the fetal and maternal components of the one patient was not ethically relevant.
- Over time, the medical model for the maternal-fetal relationship has shifted from unity to **duality**.
- Fetal care becomes problematic when what is required to benefit one member of the dyad will cause an unacceptable harm to the other.

Source: Core clerkship material for O&G, U of Washington Seattle

<https://depts.washington.edu/bhdept/ethics-medicine/bioethics-topics/detail/69>

Question 1

- *Should foetus be treated as a patient?*

“Should foetus be treated as a Patient?”

CHATGPT:

“Yes, a fetus should be treated as a patient. This is because the fetus is a living being and should be given the same rights and respect as any other patient.”

- **Incorrect.** A foetus does not have the same (legal) rights as a patient, otherwise any termination of pregnancy would be euthanasia.
- But ethically foetus should be treated with respect for life, and legally speaking aborting foetus is regulated (restricted) by local laws.

Question 2

- *What are some of the ethical questions concerning treating a foetus as patient?*

CHATGPT: “Ethically, there are many questions surrounding how to treat a fetus as a patient. For example,

- What is an appropriate level of care for a fetus?
 - Should medical decisions be made solely by the parents or should they involve medical professionals?
 - How should medical decisions be made in cases where parents disagree on what is best for their unborn child?”
- **Correct.** Even though the foetus is not a separate legal entity, duty of care and standard of care issues need to be considered. E.g. the minimum duty of informing parents on viable options and risk, competence in foetal interventional procedures.
 - Shared decision-making and disagreement issues are not specific to foetal medicine.

Focusing on the mother

- It is the mother who bears the burden of fetal therapy (including its failure). She acts as the moral agent in relation to choices for the fetus.
- As a consequence, the mother has the (legal) right to refuse treatment as well, irrespective of viability borders.

Noble R, Rodeck CH. Ethical considerations of fetal therapy. *Best Pract Res Clin Obstet Gynaecol.* 2008;22:219–231.

Strive for good counselling

- In practice it will be mostly a shared decision by the mother and the father and family, after consultation with the multidisciplinary fetal care team.
- As to better understand the family's decision process, counsellors will have to be aware of the very individual circumstances that may influence the mother's decision.

J Deprest, J Toelen et al. The fetal patient – ethical aspects of fetal therapy. Facts Views & Vision in ObGyn. 2011; 3(3): 221-227

Directive counselling or not?

- If there is a reasonable certainty that the fetus will suffer from irreversible and serious harm without the intervention, and if there is evidence regarding the effectiveness of its treatment, with very few feto-maternal risks, relatively directive counselling of the couple can be a moral duty.
- But ultimately, the physician has to respect the autonomous decision of the pregnant woman (and her partner).
- Potential risks and eventual morbidities in case of therapeutic failure should (always) be part of the counselling.
- Foetal therapy should **NOT** be presented as an alternative to termination of pregnancy.

J Deprest, J Toelen et al. The fetal patient – ethical aspects of fetal therapy. Facts Views & Vision in ObGyn. 2011; 3(3): 221-227

Some local scenarios **

1. Putative parents asked for TOP even if the foetal congenital heart disease is mild and usually (but not 100%) have favourable outcome.
2. Genetic testing of the foetus (foetus with congenital heart disease has higher chance of genetic abnormality) which could be inherited from either parents: Should the parents be tested (with potential consequence of 'self-blame')?
3. Decision when one of the twin has severe heart disease while the other twin is normal: how to facilitate the decision on TOP? Could the putative parents decide to give up their parental rights & custody of the one with diseased heart after birth?

***** Email correspondence with Dr P C Chow, HK Children's Hospital)***

Complex cases need full analysis, but some principles may help

- **Consider the degree of directive counselling that is appropriate for the case**
- **Never use guilt to push the parents towards a certain decision**
- **Reflect on your own moral values that may be influencing your professional advice**
- **Don't get carried away by heroic technological interventions**

Thank you for your attention

